

# RESIDENTIAL CERTIFICATE HIGH HARM AREAS

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Type of Survey: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Capacity: \_\_\_\_\_

Notes: \_\_\_\_\_

<b>/</b>	<b>#</b>	<b>R430-50</b>	<b>KEY WORDS</b>	<b>NOTES</b>
<b><i>INDOOR AREA - OBSERVATION</i></b>				
	10	6(1)	ratios	
	10	6(2)	supervision	
	10	6(2)(a)	awareness of activities close enough to intervene	
	10	10(7)	dangerous items	
	10	10(11)	firearms or other weapons	
<b><i>INDOOR AREA - POTENTIAL QUESTION THAT MAY BE ASKED</i></b>				
	10	6(2)(b)	How often do you check on sleeping children?	
<b><i>KITCHEN - OBSERVATION</i></b>				
	10	10(1)(b)	operating telephone	
<b><i>MEDICATIONS - OBSERVATION</i></b>				
	10	9(2)(c)	inaccessible to children	
<b><i>MEDICATIONS - POTENTIAL QUESTION THAT MAY BE ASKED</i></b>				
	10	9(2)(b)	What would you do if a child had an adverse reaction to a medication or if you made an error in the administration of a medication?	
<b><i>ANIMALS - OBSERVATION</i></b>				
	10	10(12)(c)	not dangerous or aggressive	
<b><i>OUTSIDE AREA - OBSERVATION</i></b>				

<b>/</b>	<b>#</b>	<b>R430-50</b>	<b>KEY WORDS</b>	<b>NOTES</b>
	10	10(3)	safety hazards	
<b><i>VEHICLE - OBSERVATION</i></b>				
	10	11(4)	individual, size appropriate safety restraints	
<b><i>CARE GIVER REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED IF FURTHER CLARIFICATION IS NEEDED</i></b>				
	10	430-6-5(3)	Have you submitted BCIs for everyone 18 and older in the home?	
<b><i>POTENTIAL QUESTIONS THAT MAY BE ASKED</i></b>				
	10	7(2)(3)	What are your discipline methods?	